

Administrative Remedy No. 489524-A3

Part B - Response

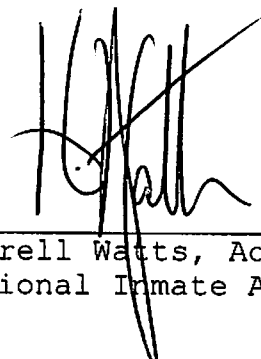
You report you have been denied adequate medical assistance for your condition. You request an inmate companion, wheelchair stirrups, pain medication, physical therapy, and evaluation by a neurologist.

Relevant portions of your medical record have been reviewed which reveal that you are receiving treatment for your lower back discomfort in the Chronic Care Clinic. You have been evaluated on several occasions, prescribed appropriate medications for pain, and provided education regarding your medical condition. The results of diagnostic tests performed revealed your pelvis, vertebrae, and spine to be anatomic and normal. You have been authorized a wheelchair for mobility purposes. Medical staff determined an inmate companion, wheelchair stirrups, pain medication, physical therapy, and evaluation by a neurologist is not medically indicated at this time. Your present medical treatment plan is appropriate for your condition. You are encouraged to cooperate with staff to enhance their ability to provide essential medical care.

The record reflects you are receiving medical care and treatment in accordance with Bureau policy. You are encouraged to attend sick call if your condition changes.

Your appeal is denied.

September 12, 2008
Date



Harrell Watts, Administrator
National Inmate Appeals

without appropriate BIA Form came on due date
I received this Mail at 9:30 p.m. on 9-23-08

~~without a response due to the~~
David L. Lopez

make all one package
and # each of them
1-5.

~~Notarize each one
of these and make
copies of each and
then send it off
certified.~~

Put this statement in the
right hand corner as a
copy for ongoing problems
with this procedure, so I
will have a blank original
and a copy of the extra
problem. Write this only
quote: This is a different
issue from the
other paperwork
you sent that is
addressing the
Administrative Remedial
Procedure itself.

I did it
already.

This is a plain copy
for courts
it's without
original BR-11 form.
Make other copies
off of master sheet

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: Loney Kirk L. #33668-183 A-North F.C.C. Petersburg Medium
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL

Dr. Rice shut the door in my face on March 21st 2008 at 11:20 a.m. I am being denied adequate medical assistance. I want to know why I cannot have an inmate companion and wheelchair stirrups, I want to know why I cannot have medication for my pain. I want to know why I'm being denied physical therapy and an evaluation by a neurologist. My condition is getting worse as a result of this. I'm being threatened with writeups for taking steps for F.C.C. administrative remedy. I want these matters investigated because these acts of misconduct is holding up my process. This is extremely stressful and stagnating while all the while trying to meet deadlines in pain. Plus trying to catch up with staff to get legal mail off due to indigent status, I have yet to be answered for threats I received from staff. Medical Staff are refusing to give me medical assistance at F.C.C. Petersburg for some reason and playing mind games in the process.

This BP-9 response was given to me 3 days pass the date.

5-9-08 DATE Kirk L. Loney SIGNATURE OF REQUESTER

Part B—RESPONSE

I am unable to mail the BP-10 in a timely fashion when my counselor provides forms and stamps right at the weekend deadline. (5-9-08) I am using my Mother's Day stamps I received for indigent status. I have been trying to accomplish this for a week now. I shouldn't have to use my indigent stamps for legal mail, but I'm constantly getting blown off by my counselor and my unit manager and I'm receiving reprisals for asking for forms. I'm being harassed by correctional officers. I have had 2 BP-9's rejected as a result of staff's tardiness with my paperwork. They are playing petty games and using ward politics in order to circumvent the law. For instance, no where to be found when you are looking or asking for them; and just left the building when they are suppose to meet you. My case manager threatened to write me up for asking for the BP-10 weeks ago; trying to provoke me with her lies. ~~I am not a fool~~. This is poor management and abuse of power. Playing "Hide and Seek", basically. There is definitely staff involvement showing biasness.

Part B—Response

DATE

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 489524R1

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

Previous editions not usable

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

BP-230(13)
APRIL 1982

ADMINISTRATIVE REMEDY REGIONAL APPEAL
PART B - RESPONSE

Date Filed: May 15, 2008

Remedy I.D. No: 489524-R1

You appeal the Warden's response to your Request for Administrative Remedy. You report you have been denied adequate medical assistance for your condition. You request an inmate companion, wheelchair stirrups, pain medication, physical therapy, and evaluation by a neurologist.

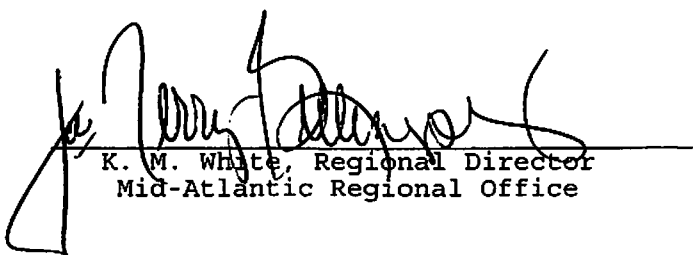
Review of your appeal with institution staff indicates your medical condition has been thoroughly evaluated and assessed. Review of your medical record reveals a past medical history of chronic lower back discomfort after reportedly being involved in a motor vehicle accident approximately two (2) years ago. You have been authorized a wheelchair for mobility purposes. On May 16, 2008, you were evaluated after sustaining a fall from your wheelchair onto a grass surface. Initial neurological examination was not able to be adequately performed due to your uncooperativeness, and as a result, arrangements to transfer you to a local community medical center for advanced evaluation and diagnosis was completed. Following arrival at the local community medical center, diagnostic x-rays of the thoracic spine, lumbar spine, and pelvis was performed. Additionally, a Computerized Tomography (CT) examination of the cervical spine was completed. Results of these studies revealed alignment of the cervical, thoracic, and lumbar vertebrae to be anatomic and normal. There was no evidence of acute fracture, compression, or significant loss of disc space. Examination of the pelvis revealed no evidence of bony abnormality, fracture, or dislocation. You were administered two (2) separate medication injections for discomfort. Clinical laboratory testing, to include routine urinalysis and urine culture was obtained and revealed no acute bleeding or active infectious process. You were transferred back to the institution in stable condition. Following return to the institution, you were provided extensive patient education information regarding your condition. You were prescribed an oral anti-inflammatory agent for a period of three (3) days. Your condition will continue to be monitored on a regular basis through scheduled Chronic Care Clinic appointments.

Your medical plan of care, developed and implemented by your primary care provider team, is adequate and complete. Your condition has been sufficiently addressed and prescribed medication and treatment is appropriate. There is no evidence to support your report of being denied adequate medical assistance for your condition or your request for an inmate companion, wheelchair stirrups, pain medication, physical therapy, or evaluation by a neurologist. Your present medical treatment plan appropriately addresses your current medical needs and requirements. Adjustment to your treatment plan will be completed accordingly based on your presenting medical complaints and physical findings. You are encouraged to continue to work with your primary care provider team for other health care related issues and concerns.

Your appeal of the Warden's response is denied. If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons, 320 First Street, N.W., Washington, D.C. 20534. Your appeal must be received in the General Counsel's Office within 30 days from the date of this response.

JUN 24 2008

Date


K. M. White, Regional Director
Mid-Atlantic Regional Office

Inmate Loney # 33668-183, Received this letter today 7-08-08 at [signature]

Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Loney Kirk L. # 33668-183 A-North F.C.C. Petersburg Medium
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am being denied adequate medical assistance. I have to have physical therapy and a neurologist check me out. I need stirrups for my wheelchair like everyone else. Why am I being singled out not to have the same treatment. The same goes for an inmate companion. You have inmates walking around with wheelchairs, cranes, and inmate companions. I'm in my chair all the time, confined. Buddy can use the bathroom or get in bed because of my pains and condition. My heart constantly hurts. Now the incident has occurred that Dr. Rice shut the door in my face after screaming at me for not being able to get up and move around. He left me in the waiting room by myself. Why was I last seen and never seen appropriately. I was a reprisal for utilizing Administrative Remedy Process. I want these matters investigated.
 4-9-08 (10:38 p.m.)

DATE

(at lock down)

SIGNATURE OF REQUESTER

Part B- RESPONSE

Well my BP-8 answer just arrived through the door balled up at 11:30 p.m. Wow! Right after I asked the Officer in a letter to the D.O. I considered legal mail. So this BP-9 was completed without the aid of the BP-8. Check the camera. What kind of staff assistance is this? I have to have more time to address that I compiled up BP-8 someone sent me when they were ready. I never missed a call out for medical. That's all. I tried to explain to Dr. Rice I was beat like Rodney King by the police, so I couldn't get up and the doctor and nurse around like he wanted me to do. I'm in constant pain managing my pain. I want these matters investigated. No more!

Part B- Response:

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

SECOND COPY: RETURN TO INMATE

CASE NUMBER:

CASE NUMBER: 489524-F1

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)




**Response to Request for Administrative Remedy
Remedy ID: 489524-F1**

This is in response to your Request for Administrative Remedy, #489524-F1, receipted in this office on April 14, 2008, in which you claim Health Services staff are denying you access to physical therapy and evaluation by a Neurologist. You also allege Health Services staff have refused to provide you stirrups for your wheelchair or assign you an inmate companion to push your wheelchair. You believe Health Services staff are retaliating against you based on your previous grievances filed against Health Services.

Your complaints have been investigated and it was determined you were scheduled to be assessed by your primary care physician on March 21, 2008. When the physician instructed you to get out of your wheelchair and walk to his office, you refused to comply with this order. You were then instructed to stay in the Health Services Clinic, but refused this direction and left during the next movement period. Prior to any decisions being made regarding possible referrals to outside consultant or the need for further use of a wheelchair, you must be evaluated by your primary care physician. To be scheduled for this required evaluation, you must sign-up via sick call. In addition, there is no evidence to support your allegation of any staff retaliating against you and the actions taken by Health Service staff in this matter are considered appropriate. I would encourage you to work directly with Health Services staff regarding your medical concerns.

This response is provided for information purposes only.

If you are dissatisfied with this response, you may appeal to the Regional Director, Bureau of Prisons, Mid-Atlantic Regional Office, 302 Sentinel Drive, Suite 200, Annapolis Junction, MD 20701. Your appeal must be received in the Regional Office within 20 calendar days of this response.



Patricia R. Stansberry, Warden

4/22/2008
Date

Date/Time Issued:	4/2/08 6:05P
To:	Loney 33668-183
(Name)	(Reg. No.)
By:	C. RICE
(Staff)	

FEDERAL CORRECTIONAL COMPLEX
PETERSBURG, VIRGINIA
ADMINISTRATIVE REMEDY ATTEMPT AT INFORMAL RESOLUTION

Program Statement 1330.13, Administrative Remedy Procedures for Inmates, requires an inmate, in most cases, to make an attempt at informal resolution prior to filing an administrative remedy. An inmate with a complaint should complete the first three sections below and submit the form to his Correctional Counselor.

1. Kirk L. Loney 4-4-08 10:00 a.m. # 33668-183
Name & Date Reg. No.
A-North 3-21-08 11:20 a.m.
Housing Unit Date Complaint Occurred

2. NATURE OF THE COMPLAINT (state briefly what the problem is and what you have done to resolve problem: I am being denied "adequate medical assistance". I have to have physical therapy and a neurologist check me out. I don't have stirrups for my wheelchair like everyone else or an inmate companion to help me get around. My blood pressure is extremely high. I've written and spoke with psychology, medical and unit team and A.W.S. Dr. Rice
3. WHAT RESOLUTION DO YOU WANT?: Screamed at me and shut the door in my face in the waiting area after medical saw about 30 people. And I was last. didn't get past the waiting room after he summoned me there through callout. I want to know why this is happening to me, and these masters investigated appropriately. Bad enough I was beaten like Rodney King, in which I tried to tell Rice.
4. EFFORTS MADE BY STAFF TO RESOLVE PROBLEM (Include discussion of policy or problem with Inmate, contact with staff, etc.) SPOKE WITH MEDICAL STAFF AND REVIEWED INFO. FROM DR. RICE AND DR. PUGH. YOU DID NOT APPEAR FOR YOUR 1ST CHRONIC CARE CLINIC. YOU REFUSED TO COMPLY WITH THE DOCTOR'S ORDERS TO BE EVALUATED, THUS YOU COULD NOT
5. COUNSELOR'S COMMENTS (Was problem informally resolved, If not why?): BE EVALUATED. ALL ISSUES SUCH AS THE WHEELCHAIR, PHYSICAL THERAPY, AND CONSULTS WITH OTHER SPECIALISTS ARE DETERMINED BY THE PHYSICIAN'S EVALUATION, UNTIL YOU FULLY PARTICIPATE

IN THE EVALUATION PROCESS, WHICH INCLUDES FOLLOWING THE PHYSICIAN'S INSTRUCTIONS, YOUR STATUS WILL REMAIN THE SAME, UNIT MANAGER REVIEW (If problem not informally resolved by Counselor, did you discuss problem with inmate in effort to resolve): YES NO
IF ANSWER YES (Was problem resolved?): YES NO

Q. R. RICE 4/8/08
Unit Manager/Date

Date Informal received from Inmate: 4/4/08

Date BP-9 Issued to Inmate: 4/4/08